



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th Floor, P.O. Box 45000
Newark, New Jersey 07101
(973) 504-6380

**Instructions for the Reinstatement of an Expired or
Inactive (Unpaid) Public School Accountant's License**

Submit all of the following to the mailing address indicated above:

Reinstatement Application:

Fill out the application form completely and have it notarized.

Application Fees:

- (1) Payment of all past delinquent license renewal fees*;
- (2) Payment of the current triennial license renewal fee*; and
- (3) Payment of the reinstatement fee of \$150.00.

Record of Employment:

Submit a copy of your most recent resume, which should include your current employer and a description of your duties.

Notarized Statement:

- (1) List each job held during the inactive licensure period. Include the name, address and full telephone number for each employer; and
- (2) Clearly and concisely state whether or not you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license was inactive. If you were practicing during this inactive licensure period, include a description of the type of work or projects with which you were involved.

Proof of Competency (Active Reinstatement Only):

- (1) The applicant's New Jersey Certified Public Accountant's license must be currently in an active status.
- (2) Submit satisfactory proof that the applicant has maintained proficiency by completing the continuing professional education credits required by **N.J.S.A. 45:2B-68a** and **N.J.A.C. 13:29-6.2(a)**.

***Fee Schedule:**

| License Status | Active | Inactive-Paid |
|---------------------------------|--------|-------------------|
| Renewal Fee (10/1/93 - Present) | 50.00 | 45.00 |
| Renewal Fee (Up to - 9/30/93) | 5.00 | Contact the Board |

The triennial period lasts for three (3) years (e.g. 1/1/00 - 12/31/02, 1/1/03 - 12/31/05, etc.) Prior to 1/1/00, licenses had to be renewed biennially, or every two (2) years (e.g. 9/30/93 - 9/30/95, 9/30/95 - 9/30/97, 9/30/97 - 12/31/99, etc.). Application fees must be calculated based on the fee for each triennial/biennial period that has occurred since the license lapsed, plus a reinstatement fee of \$150.00.



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**Application for Reinstatement of an Expired or
Inactive (Unpaid) Accountant's License**

You may not practice in the State of New Jersey until your license has been reinstated.

Complete the following information. Please print clearly.

Legal name: _____

Mailing address: _____
Street

City State ZIP code

Address of Record*: _____
Street

City State ZIP code

Home telephone number: _____ Work telephone number: _____
(include area code) (include area code)

Fax number: _____ E-mail: _____
(include area code)

Social Security number: _____ Date of birth: _____
Month Day Year

N.J. Accountant's License number: _____

Date license was made inactive: _____ Date license expired: _____
Month Day Year Month Day Year

1. Does your employer or firm, or do you issue audited, reviewed or compiled financial statements?**
☐ Yes ☐ No
2. Do you perform management, financial, consulting or tax services as a licensee?**
☐ Yes ☐ No
3. Have you completed the Continuing Professional Education requirement for licensure during the most recent period?
☐ Yes ☐ No
4. Have you completed the required four-credit New Jersey law and ethics course?
☐ Yes ☐ No

* **Your address of record is considered public information and will be posted as part of the Licensee Directories made public. Failure to include an address of record will delay the processing of the reinstatement of your license.**

** **Please note that any person who represents himself or herself as a licensee and who practices as a sole proprietor on either a full- or part-time basis must not only be individually licensed by the Board, but must also be registered as a firm with the Board.**

Answer all of the questions below. They ask about any criminal or disciplinary matters with which you may have been involved during the time period since you were last licensed in New Jersey, and the license status you wish to be reinstated to.

5. Since your last renewal, have you been arrested, charged, or convicted of any crime or offense **that you have not already reported to this Board?*** ☐ Yes ☐ No

6. Are there any criminal charges pending against you at this time?* ☐ Yes ☐ No

7. Since your last renewal, has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation, or action by any other licensing authority **that you have not already reported to this Board?** ☐ Yes ☐ No

8. Choose the license status to which you wish to be reinstated:** ☐ Active ☐ Inactive-Paid

* **You are not required to answer “Yes” for minor traffic offenses, such as speeding or parking violations; but all other motor vehicle offenses, such as driving while impaired or intoxicated, must be disclosed.**

** **Choose “Inactive-Paid” if you do not want to practice your profession or if you have not completed the required Continuing Professional Education.**

AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say under penalty of false statement, that I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

I have read the above and understand the same.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

Continuing Professional Education

Continuing Professional Education (C.P.E.) Requirements: The New Jersey State Board of Accountancy requires 120 C.P.E. credits as summarized in N.J.S.A. 45:2B-71 (R.M.A.'s only) and N.J.A.C. 13:29-6.29(a). You must list below the courses taken in chronological order. (See N.J.A.C. 13:29-6.3 and N.J.A.C. 13:29-6.4 for qualifying subject matter.) The Board's statutes and regulations can be found on the Board's Web site: www.NJConsumeraffairs.gov/accountancy. If you need additional space, copy this page and check here ☐.

Indicate the area in which you practice: ☐ Public Accounting

☐ Other _____

[illegible]

Signature of licensee

Print licensee's name _____

Date

License number